

INSTRUCTIONS FOR COMPLETING EEO COMPLIANCE REVIEW (CONSTRUCTION CONTRACTS ONLY)

READ THE COMPLETE INSTRUCTIONS CONTAINED IN THE APPROVED
ITD CONTRACT COMPLIANCE PLAN BEFORE COMPLETING THE ITD-86 FORM

FORM ITD-86

1. Enter the year (e.g. 00) and 01 for the first report, 02 for the second report, and so on.
2. Enter the name/number of the SMSA or EA in which the review is taking place.
3. Indicate whether this is a normal post award review or a consolidated review.
4. Identify whether or not this review covers DBE requirements.
5. Specify type of contractor. If "other" explain.
6. List all Federal-aid contracts currently held by this contractor in the SMSA or EA area being reviewed.
(Attach additional sheets if necessary.)
7. List name and business address of the contractor being reviewed.
8. List name and title of the company Policy Officer. (Should be President, Chairman or Chief Executive Officer for the Company)
9. List name and title of the project officer. (Should be Superintendent, Project Officer, or other person (with title) in charge of the work being reviewed)
10. List name and title of the company EEO Officer. (Obtain copy of letter appointing the EEO Officer)
11. Mark in the appropriate space as to whether or not there is a formal EEO policy.
12. Mark in the appropriate space as to whether or not there is a formal Affirmative Action Plan.
13. Enter the date of the earliest contract listed on No. 6. (Establishes beginning date of the review period)
14. Enter estimated date of when contract is to be substantially completed.
15. Enter the anticipated date that the contractor will reach peak employment. (Identify by month and year)
16. Enter the estimated number of people that will be employed at the anticipated date of peak employment.
17. List all subcontractors, suppliers, and vendors for each project identified under No. 6.
(Attach additional sheets if necessary)
18. List the established DBE goal if applicable.
19. Mark in the appropriate space as to whether or not the DBE firms identified have had an ITD-1701, Commercially Useful Function (CUF) Report completed. Attach copies of all ITD-1701 form(s) on the DBE firms currently working on the job.
20. List minority and women owned firms that were solicited, regarding the projects of this review, for subcontracting opportunities. (These firms will be in addition to the firms working on the projects)
21. List employment referral sources, actually used by the contractor within the SMSA or EA area to fill project vacancies. Compare the contractor's list with a comprehensive list you have prepared to determine if the contractor has made a reasonable effort to recruit minorities and women.
Check the documentation of the requests, verifying dates, job specifics, etc.
22. Enter information regarding union affiliation, referral and training.

23. List all new hires, rehires, and recalls by the contractor in the SMSA or EA area on the project(s) being reviewed. Information should be from the beginning date of the review period to the review date.
24. List all promotions that have taken place during the review period.
25. List all terminations and layoffs that have taken place during the review period.
26. Enter the total number of employees, including trainees that have been employed by the contractor on the projects being reviewed during the review period. (Employees working in multiple crafts can only be listed in one craft. Therefore, the main craft where the employee has the most hours will be used)
27. Enter the total number of Training Special Provision (TSP) hours allocated to the contractor on the projects being reviewed.

NOTE: The primary purpose of the TSP program is to provide opportunities for minorities and women to advance in the various crafts. It is expected that minorities and women will fill the contractor's training hour allocation(s), particularly if minorities and women are underrepresented in any craft.

28. Enter training hours expended on the project(s) under review. Off-site hours may not be included unless the training is continually and is pre-approved by ITD.
29. Review and compare information obtained under No. 27 and No. 28 and consider the amount and type of work remaining to be done (plus any other factors) to determine whether the training hours allocated are likely to be met. If the answer is no, explain reason and include information in report summary, under item 31.

30. A. Check for:

- Contractor's EEO Policy
- Subcontractors' EEO Policy (if working)
- OFCCP-1420, EEO Is the Law
- Idaho Law Prohibits Discrimination in Employment (Idaho Human Rights Commission)

B. Letter of form soliciting assistance from the Union(s) to refer minorities and women. Should include request for written response from the Union to document. Obtain copies of all request(s) and Union response(s).

C. Copies of publications (if any) showing "an equal opportunity employer."

D. Verify communities where publications were made.

E. Inspect project facilities for non-segregation.

F. Verify that facilities are actually non-segregated.

G. Verify required documents and reports required by others are being submitted.

H. Verify compliance findings of other agencies.

I. Verify that purchase orders, subcontracts, and any bargaining agreements have appropriate clauses.

J. Through L. A determination of "NO" regarding any of these 3 items will result in a non-compliance finding. A non-compliance finding should be noted in the summary and must be addressed in either a Voluntary Corrective Action Plan (VCAP) or a Show Cause Notice (SCN), as appropriate.

M. Verify status of any complaints of alleged discrimination if applicable.

31. Summarize both positive and negative significant findings or issues. Also evaluate all information provided by the contractor or your own investigation which may not be requested on the ITD-86 but which has an impact on the final compliance decision. Number each issue (finding) and provide ALL documentation, which CLARIFIES and JUSTIFIES the determination that is entered under item 32. Use additional sheets, if necessary.

32. Mark the selection that identifies the determination made from the review. Although this decision is in some respects a judgment call, the following criteria provide some guidance.

Criteria which usually indicates that a contractor is:

IN COMPLIANCE: NO FURTHER ACTION REQUIRED BY CONTRACTOR

- Contractor has provided all documentation required by 23 CFR 230.
- Contractor has provided EEO in all hiring and personnel actions.

IN COMPLIANCE: VOLUNTARY CORRECTIVE ACTION PLAN REQUIRED

- Procedural deficiencies can be corrected within 30 days if the opportunity to do so exists. The Contractor must sign and agree to abide by the terms of a Voluntary Corrective Action Plan, which may be executed at the review or within five working days of the review date.
- Lack of documentation, which can be provided within the 30-day time frame of the VCAP.
- During the term of a VCAP, the contractor is considered to be in compliance. If the VCAP extends beyond the normal 30-day period, the contractor must submit monthly reports until the corrective action is taken. The reports should contain any changes that have occurred and indicate whether anticipated hiring opportunities will take place. If the follow-up review on a VCAP (conducted within a week after the anticipated compliance date) reveals that the contractor has either (1) not corrected the deficiencies, or (2) has not demonstrated a good faith effort to correct the deficiencies, the reviewer must declare the contractor in NON-COMPLIANCE and issue a Show Cause Notice.

IN NON-COMPLIANCE: REQUIRES A SHOW CAUSE NOTICE

- The contractor has not met all of the contract requirements under the Federal-aid contract.
- The contractor has not provided EEO in their hiring and other personnel actions.
- The contractor has not met their commitment to correct deficiencies identified in a VCAP and cannot demonstrate a good faith effort to do so.

33. Sign and date form, then within 7 days of the on-site review date provide to the Contract Compliance Officer, the original and a copy of the ITD-86 form with all supplemental information supplied by the contractor or developed by you to justify the determination identified under item 32. The Contract Compliance Officer will sign and date the ITD-86 form then submit it to the FHWA Division Office, within 15 days of the on-site review date. If the ITD EEO Office concurs with the determination they will sign and return the last page of the ITD-86 form showing their concurrence.

CONTRACTOR EEO COMPLIANCE REPORT

1. REPORT NO ID-00- _____ DISTRICT _____ DATE OF REVIEW _____
2. SMSA _____ OR EA _____
3. THIS IS A COMPREHENSIVE, ON SITE, ____ POST AWARDED, OR ____ CONSOLIDATED REVIEW OF A FEDERALLY ASSISTED PROJECT UNDER THE AUTHORITY OF SECTION 22 [A] OF THE FEDERAL-AID HIGHWAY ACT OF 1968, 23 U.S.C. 140 [A].
4. THIS REVIEW ALSO COVERS DBE PARTICIPATION AS REQUIRED UNDER 49 C.F.R. PART 26 YES ____ NO ____
5. CONTRACTOR TYPE: PRIME ____, SUB ____, SUPPLIER ____, OTHER ____, DBE ____.
6. FEDERAL-AID PROJECTS:

Project Number and/or Contract Number	Location of Work	Contract Value

7. NAME AND ADDRESS OF CONTRACTOR: _____

8. NAME AND TITLE OF POLICY OFFICER: _____
9. NAME AND TITLE OF PROJECT OFFICER: _____
10. NAME AND TITLE OF COMPANY EEO OFFICER: _____
11. HAS THE CONTRACTOR DEVELOPED AN EEO POLICY? YES ____ NO ____
12. HAS THE CONTRACTOR DEVELOPED A SEPARATE AFFIRMATIVE ACTION PLAN? YES ____ NO ____
13. BEGINNING DATE OF FIRST FA HIGHWAY CONTRACT IN AREA _____
14. ESTIMATED COMPLETION DATE OF ALL FA HIGHWAY CONTRACTS IN AREA _____
15. DATE OF ANTICIPATED PEAK EMPLOYMENT _____
16. ESTIMATED NUMBER OF EMPLOYEES AT PEAK EMPLOYMENT _____
17. CONTRACTOR'S SUPPLIERS, VENDORS AND SUBCONTRACTORS FOR EACH PROJECT LISTED IN 6 ABOVE.
SUBCONTRACTOR (SC), SUPPLIER (S), OR VENDOR (V)

Project Numbers	Company Name	SC, S, or V	Contract Value	Work Status	DBE	*

* SUBCONTRACTS REVIEWED FOR REQUIRED INCLUSIONS (PR-1273)

18. ESTABLISHED DBE GOAL _____%, if applicable.
19. COMMERCIALLY USEFUL FUNCTION OF DBE FIRMS VERIFIED: YES ____ NO ____
20. MINORITY AND WOMEN OWNED FIRMS SOLICITED FOR SUBCONTRACTING OPPORTUNITIES: _____

21. RECRUITING SOURCES USED ESPECIALLY MINORITY OR FEMALE ORIENTED:

Name of Source	Address	Phone Number

22. UNION AFFILIATIONS, REFERRAL, AND TRAINING DATA

Union Title of Identification	Union Local Number	Does Union Have Exclusive Referral Rights		Does Union Sponsor or Participate in Pre-Apprentice, Apprentice or Post-Apprentice, Training Programs?		Does Contractor Sponsor or Participate in Pre-Employment, Apprentice, or Post Employment Training Programs?	
		Yes	No	Yes	No	Yes	No

23. HIRING OPPORTUNITIES DURING PERIOD UNDER REVIEW

JOB CATEGORIES	Total Employees		Total Minorities		Black		Asian		Native American		Hispanic	
	M	F	M	F	M	F	M	F	M	F	M	F
Equipment Operators												
Mechanics												
Truck Drivers												
Ironworkers												
Carpenters												
Cement Masons												
Electricians												
Pipefitters, Plumbers												
Painters												
Laborers												
Other												
TOTAL												

24. PROMOTIONAL OPPORTUNITIES DURING PERIOD UNDER REVIEW

JOB CATEGORIES	Total Employees		Total Minorities		Black		Asian		Native American		Hispanic	
	M	F	M	F	M	F	M	F	M	F	M	F
Equipment Operators												
Mechanics												
Truck Drivers												
Ironworkers												
Carpenters												
Cement Masons												
Electricians												
Pipefitters, Plumbers												
Painters												
Laborers												
Others												
TOTAL												

25. TERMINATIONS AND LAYOFFS DURING PERIOD UNDER REVIEW

JOB CATEGORIES	Total Employees		Total Minorities		Black		Asian		Native American		Hispanic	
	M	F	M	F	M	F	M	F	M	F	M	F
Equipment Operators												
Mechanics												
Truck Drivers												
Ironworkers												
Carpenters												
Cement Masons												
Electricians												
Pipefitters, Plumbers												
Painters												
Laborers												
Others												
TOTAL												

26. EMPLOYMENT DATA FOR SMSA OR EA – FROM PROJECT BEGINNING TO REVIEW DATE

(List employees under one job category only)

JOB CATEGORIES	Total Employees		Total Minorities		Black		Asian		Native American		Hispanic		OJT/TSP Apprentice	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Equipment Operators														
Mechanics														
Truck Drives														
Ironworkers														
Carpenters														
Cement Masons														
Electricians														
Pipefitters, Plumbers														
Painters														
Laborers, Semi-Skilled														
Other														
TOTAL														
OJT/TSP Apprentices														

27. NUMBER OF TRAINING HOURS ALLOCATED TO PROJECTS IN SMSA OR EA AREA _____


28. ANALYSIS OF TRAINING DATA

Project or Contract Number	Training Program OJT/TSP	Trainee's Name	Craft	Male	Female	Minority	Hours Worked to Date

29. ARE PROJECT TRAINING GOALS LIKELY TO BE MET BY CONCLUSION OF PROJECT? YES _____ NO _____

IF NO EXPLAIN: _____

YES	NO	
		A. Are required posters and policies conspicuously displayed?
		B. Have required written notices been sent to unions? (Include copy with report)
		C. Are recruiting publications used to show "an equal opportunity employer"? (Include copy with report)
		D. Are such publications circulated in minority oriented communities? Where?
		E. Has certification regarding use of non-segregated facilities been made?
		F. Are facilities actually provided on a non-segregated basis?
		G. Have other reports required by federal, state, municipal, or other statutes, regulations, directives, ordinances, etc. been submitted?
		H. Have compliance or other reviews made by other agencies resulted in a determination of compliance?
		I. Are prescribed Equal Employment Opportunity clauses included in all applicable purchase orders, subcontracts, and collective bargaining union agreements?
		J. Are applications for employment accepted, and selections made, without regard to race, color, religion, sex, national origin, or age?
		K. Are transfers, wages, training, manpower development, promotions and other employment practices performed on an Equal Employment Opportunity basis?
		L. Have reviews of supervisors' personnel actions taken place?
		M. Have any complaints been received alleging discrimination?



IN COMPLIANCE, NO FURTHER ACTION REQUIRED _____

IN COMPLIANCE, VCAP ATTACHED _____

NOT IN COMPLIANCE, COPY OF SCN ATTACHED _____

ITD – HEADQUARTERS CONCURRENCE BY _____

Signature	Title	Date
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VOLUNTARY CORRECTIVE ACTION PLAN

PROJECT: _____ LOCATION _____

A. The following deficiencies were found during the review of _____
on _____.

1.

2.

3.

4.

5.

B. The Contractor agrees to correct these as follows:

1.

2.

3.

4.

5.

C. These deficiencies will be corrected by: _____
Date

D. ITD will conduct a formal follow-up review on _____ (within one week of date entered above) to determine if corrective measures have been taken. If deficiencies have not been corrected, a 30-day Show Cause Notice will be issued. The contractor will be provided a copy of the report prepared as a result of the follow-up review.

Signature of the Contractor

Date _____

Signature of Authorized ITD Personnel

Date _____